P10/S9/05 (08-03)
Approved for use through 7/31/2005, 04:8 0551-0032
U.S. Pateri and Trademark Office: U.S. DEPARTMENT OF COMMERCE o a collection of information under a default.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number		
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))						1	OR		s
TOTAL CLAIMS (37 CFR 1,18(c))	1/	minus 20			x s=		OR	x 5=	
INDEPENDENT CLAIMS	1	mánus 3			x s_ =		OR	x s=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+5 =		OR	+1 =	
"If the difference in column 1 is less than zero, enter "O" in column 2.					TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Cotumn 2) (Cotumn 3)					SMALL E	ENTITY	OR	OTHER SMALL	THAN ENTITY
A FA	CLAIMS REMAINING AFTER AMENDMENT	į.	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	. RATE	ADDI- TIONAL FEE		RAŢE	ADDI- TIONAL FEE
Total Official (STORR 1.15(c)) Independent (DOOR 1.140(b))	. 1	Minus	- 20		X \$=		O R	x s=	
Z Independent W CFR 1.16(b)	. 1	Minus	- 3	° –	x s=		OR	x s	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(d))					+5=		OR	.+5=	
/ /					TOTAL ADD'L FEE		ĢR	TOTAL ADD'L FEE	
9/16/A(Cotumn 1) (Cotumn 2) (Cotumn 3)									
Total Of car off 1.18(b) Independent Of CFR 1.18(b)	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE .	ADDI- TIONAL FEE
Total O cor of R 1.15(1)	. / . :	Minus	- 1.	=	X 8		OR	x s=	
Z Independent (27 CFR 1.14(0.2)		Minus	/	3	x 1		'OR	x 8=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+8		OR	+1	
					TOTAL ADO'L FEE		OR	ADO'L FEE	
	(Column 1)		(Column 2)	(Cotumn 3)					
O Total	CLAIMS REMAINING AFTER AMENDMENT	•	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL . FEE		RATE	ADDI- TIONAL FEE
Y Total (2) (2) (2) (2)		Minus	••	•	x \$=	•	OR	x s=	
Independent (U) (27 CFR 1.14(b))		Minus		2	x 8=		OR	x 8=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(4))					+1 =	•	OR	+ 5 =	
					TOTAL ADDL FEE		OR	TOTAL ADOL FEE	
• If the entry in column 1 is less than the entry in column 2, write "U" in column 3. □ If the "Highest Number Previously Padd For" IN THIS SPACE is less than 20, enter "20". □ If the "Highest Number Previously Padd For" IN THIS SPACE is less than 3, enter "3".									

The "Highest Number Previously Paid For" [N THIS SPACE is less than 3, enter 3".

The "Highest Number Previously Paid For" [Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be cent to the Chief information Officis, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.